

APPLICATION GUIDANCE
FOR A

**NATIONWIDE
ERYTHROCYTE PROTOPORPHYRIN (EP) SCREENING
AND
BLOOD LEAD PROFICIENCY
TESTING PROGRAM**

CFDA #93.110 AA

July, 2000

NOTE: This document is not a complete kit. Read this entire document carefully before starting to prepare an application.

Application Due Date: September 15, 2000

Anticipated Date of Award: January 1, 2001

Department of Health and Human Services
U.S. Public Health Service
Health Resources and Services Administration
Maternal and Child Health Bureau
Division of Maternal, Infant, Child and Adolescent Health



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CHAPTER 1 Introduction

1.1 Overview of the Mission of the Maternal and Child Health Bureau

The Maternal and Child Health Bureau (MCHB) responds to matters affecting the health or welfare of infants, children, adolescents, mothers and families. It provides national leadership by working with States, communities, public-private partners and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability and use of medical homes, and build knowledge and human resources required to strengthen and maintain the health, safety and well-being of America's MCH population. The MCH population includes all pregnant women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN).

The MCH infrastructure includes, but is not limited to: services for low-income and minority women and children; immunizations; health and safety in child care and foster care; emergency medical services for children; violence and injury prevention; school health; environmental health including lead poisoning prevention; adolescent health, including mental health and suicide prevention; traumatic brain injury; family health; and a variety of regional and/or national projects.

All MCHB-supported services or projects have as their goals the development of: 1) more effective ways to coordinate and deliver new and existing systems of care; 2) leadership for maternal and child health programs throughout the United States; 3) innovative outreach techniques to identify and deliver appropriate care and preventive education to at-risk populations; 4) a body of knowledge that can be tapped by any part of the MCH community; and 5) significant, fundamental improvement in the lives and health of our Nation's mothers and their children.

The MCHB relies heavily on effective communication and interactive relationships with key organizations to support health and health-related programs and services; to encourage efficient use of resources; to strengthen and enhance research to broaden the knowledge base for MCH programs; to train individuals within the various health professions to provide leadership in the provision of comprehensive health care to mothers and children; and to enhance the skills of State and local maternal and child health personnel.

1.2 Purpose

This project will ensure the accuracy of diagnostic testing utilized in childhood lead poisoning prevention programs by improving the performance of laboratories (nationwide) which provide erythrocyte protoporphyrin (EP) screening tests and blood lead determinations. One project will be funded for a project period of one year.

1.3 Program Requirements

To successfully implement the proposed project, applicants must perform the following tasks:

- C Implement and replicate laboratory procedures for the EP screening test (by extraction technique, hematofluorometer) and blood lead determination, including new and emerging lead measurement technology, e.g., the Leadcare blood lead analyzer.
- C Maintain laboratory reference standards for both EP and blood lead.
- C Remain current and familiar with EP and blood lead proficiency testing program protocols and procedures used by laboratories nationwide, including laboratories using the Leadcare blood lead analyzer.
- C Prepare, distribute to approximately 400 participating laboratories nationwide, and process samples for blood lead proficiency testing;
- C Maintain testing capacity in response to increased demand for services and new and emerging technologies.
- C Provide consultation and technical assistance to participating laboratories across State lines, nationwide and -- on request -- to the Health Resources and Services Administration.

The application must include: 1) a plan for evaluation of the proposed project conforming to the evaluation protocol set forth in this guidance as **1.3.4.**; 2) a complete and itemized description of the logistical and laboratory procedures which will be implemented **at no charge to participants**, as components of a monthly EP and blood lead testing program; and 3) a description of procedures to be followed in compiling, analyzing and reporting results from participating laboratories.

1.4 Policy Directives

1.4.1 Pro-Children Act of 1994

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

1.4.2 Electronic Access

Application guidance for MCHB programs are available on the MCHB Homepage via World Wide Web at: <http://www.mchb.hrsa.gov/html/grantsguidance.html>. Click on the file format you desire either WordPerfect 6.1 or Adobe Acrobat (The Adobe Acrobat Reader also is available for download on the MCHB Homepage). If you have difficulty accessing the MCHB Homepage via the World Wide Web and need technical assistance, please contact Alisa Azarsa at (301) 443-8989 or aazarsa@psc.gov.

1.4.3 Special Concerns

HRSA's Maternal and Child Health Bureau places special emphasis on ensuring access and cultural competence in programs serving women, children and youth from communities with limited access to comprehensive lead poisoning education, prevention testing and care. It is expected that this project will involve appropriately-qualified individuals from the populations to be served in its planning and implementation. The Bureau's intent is to ensure that project interventions are fully responsive to the cultural and linguistic needs of special populations, that services are appropriately accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

1.4.4 Evaluation Protocol

Any project awarded as part of the EP Screening and Blood Lead Proficiency Testing Program must incorporate a carefully designed protocol to demonstrate and document measurable progress toward achieving the stated goals. The protocol must be based on a rationale relating the grant activities, project goals, and evaluation measures. Based on the nature of proposed project and the one-year project period, measurements of progress toward goals should focus primarily on process or output measures. A project lacking a complete and well-conceived evaluation protocol may not be funded.

1.4.5 Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (a) A copy of the face page of the application (SF 424)
- (b) A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served.
 - (2) A summary of the services to be provided.
 - (3) A description of the coordination planned with the appropriate State and local health agencies.

The project abstract may be used in lieu of the one-page PHSIS if the applicant is required to submit a PHSIS.

1.4.6 Data Reporting Requirements

Grantees under this program are required to report annually to MCHB on evaluations performed, Healthy People 2010 Objectives addressed, and related information. Data forms for this purpose will be sent by project officers to all grantees during the grant year.

1.4.7 General Criteria for Review

The following general criteria are used, as pertinent, to review and evaluate applications for awards under all SPRANS grants and cooperative agreement project categories. Application criteria specific to the program are presented in Chapter 4.

- The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement to the health of children with special health care needs;
- The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials;
- The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results;
- The extent to which the project personnel are qualified by training and/or experience for their roles in the project and the adequacy of the applicant organization's laboratory facilities and personnel;
- The extent to which, insofar as practicable, the proposed activities, if well executed, will

ensure attainment of project objectives;

- The strength of the project's plans for evaluation;
- The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s); and
- The extent to which the application responds to the special concerns and program priorities specified in the notice.

1.4.8 Program Specific Review Criteria

Instructions for preparing the project narrative and application review criteria, specific to the EP and Blood Lead Proficiency Testing Program, are presented in Chapter 4 of this guidance. Please follow these instructions in preparing your application. They are adapted from the general criteria presented in 1.4.7, above.

CHAPTER 2 Application and Review Process

2.1 Who Can Apply for Funds

Any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply for funding to under this announcement to operate the EP Screening and Blood Lead Proficiency Testing Program.

2.2 Application Specifics:

EP Screening and Blood Lead Proficiency Testing are critical to the diagnosis and treatment of pediatric lead poisoning, a major public health problem in the United States. The detection and assessment of lead poisoning and associated risk factors rely entirely on blood lead test results. The EP test is used to gauge the duration and severity of lead exposure in confirmed poisoning cases and to test for concomitant iron deficiency, a serious risk factor in lead poisoning.

Proficiency testing (PT) ensures the accuracy of laboratory measurements critical to the diagnosis and treatment of lead poisoning. It is well established as an effective means of improving and standardizing laboratory performance and is generally the only external evaluation of the accuracy of laboratory test results performed by laboratories. Though now generally associated with laboratory regulation, e.g., CLIA, the purpose and goal of PT is to make laboratory tests more accurate.

HRSA/MCHB's EP Screening and Blood Lead Proficiency Testing Program is the only known source of proficiency testing for Erythrocyte Protoporphyrin (EP) screening in the United States. No alternative PT program is known to exist for EP. This program provides the only source of external evaluation of the accuracy of their results for an estimated 400 U.S. laboratories that perform blood lead testing, and an estimated 130 U.S. laboratories performing EP. Screening is fully voluntary. To encourage and facilitate participation, the EP Screening and Blood Lead Proficiency program will continue to provide proficiency testing at no cost to participating laboratories.

2.3 Due Date

The application deadline for the EP Screening and Blood Lead Proficiency Testing Program is September 15, 2000. Applications shall be considered as meeting the deadline if they are 1) received on or before the deadline date, or 2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. (Private metered postmarks shall not be acceptable as proof of timely mailing.)

2.4 Mailing Address

All applications should be mailed or delivered to:

HRSA Grant Application Center
CFDA # 93.110 AA
1815 N. Fort Myers Drive, Suite 300
Arlington, Virginia 22209
Telephone number: 1-877-477-2123

Grant applications sent to any address other than that above are subject to being returned.

2.5 Official Application Kit

Application guidance for MCHB programs are available on the via the Internet at address: <http://www.mchb.hrsa.gov/html/grantsguidance.html>. Click on the file name you want to download to your computer. It can be saved as a Wordperfect, Word and/or Adobe Acrobat file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact Alisa Azarsa at (301) 443-8989 or aazarsa@psc.gov.

A hard copy of the official grant application kit (Revised PHS form 5161-1, approved under OMB clearance number 0937-0189) **must** be obtained from the HRSA Grants Application Center. The Center may be contacted by:

Grants Management Officer, MCHB
HRSA Grants Application Center
1815 N. Fort Myers Drive
Suite 300
Arlington, VA 22209
1-877-477-2123 (Telephone)
1-877HRSA-345 (FAX)
hrsagac@hrsa.gov

2.6 Project Period and Availability of Funds

The Maternal and Child Health Bureau has made \$250,000 available for the award of a single project to conduct a Nationwide Erythrocyte Protoporphyrin (EP) Screening and Blood Lead Proficiency Testing Program during FY 2001. This award will be for a project period of one year and will have a start date of no later than January 1, 2001.

2.7 Application Assistance

MCHB Central Office staff (below) are available to provide assistance in developing project applications to the extent that time and resources permit. While not allowed to assist in the actual writing of the application, staff can comment on abstracts, outlines and drafts and can respond to specific questions.

Questions regarding technical and program issues for this grant should be directed to:

Stuart Swayze
Division of Maternal, Infant, Child
and Adolescent Health
Parklawn Building, Room 18A-39
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301 443-2917

For assistance concerning management aspects of grant applications, requirements, and PHS grants policy, contact:

Karen L. Etchison
Program Analyst
Grants Management Branch
Maternal and Child Health Bureau
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301 443-8056

2.8 Grant Review Process

A multi-disciplinary panel of Federal and/or non-Federal persons, knowledgeable in the implementation and management of EP Screening and Blood Lead Proficiency testing will be convened to review and evaluate all complete applications. The evaluation of each application is based exclusively on the quality of information contained in the applicant's response to each required section of the project narrative and the program-specific requirements. Objective review of applications is advisory only. The authority to decide whether or not a grant shall be awarded is intended to be advisory and not to replace the authority of the Associate Administrator for Maternal and Child Health to decide whether a grant shall be awarded.

CHAPTER 3 Instructions for Completing the Application

3.1 Preparing the Application

In evaluating your grant application and assessing the adequacy of your response to the review criteria, reviewers use only the information presented in the application itself. It is essential that your application and responses to the Review Criteria are complete and easy to understand.

3.2 Format and Style

This section provides detailed instructions for formatting and organizing the grant application. Since the outcome of the review process depends on information provided in the application narrative, all applicants are strongly encouraged to review their applications for the following:

- Correct grammar, spelling, punctuation, and word usage.
- Consistency in style. Refer to a good style manual, such as *The Elements of Style* by Professors William Strunk, Jr. and E. B. White, *Words into Type*, *The Chicago Manual of Style*, or Government Printing Offices *A Manual of Style*.
- Consistency of references (e.g., in this guidance document the Maternal and Child Health Bureau is called the Maternal and Child Health Bureau or MCHB.)

3.2.1 How to Format the Application

To promote readability and consistency in organization, MCHB has established specific conventions for the format of the project narrative, its project abstract, and appendices. Conventions for each are discussed below.

- **Table of Contents**--A Table of Contents is required. Use the Table of Contents of this Guidance as a formatting and style guide.
- **Page Limit and Spacing**-- Any application exceeding the limits specified below, will be returned without review.
- **Project Abstract**--The Project Abstract may not exceed four pages. Please refer to Enclosure A for further instructions.
- **Project Narrative**-- may not exceed 30 pages, including any referenced charts or figures. The project abstract, budget justification, tables, or appendices are not included. Only double-spaced, one-sided pages are acceptable.

- **Appendices**--Appendices must not exceed 35 pages and must include all supporting documentation, such as (1) curricula vitae, (2) job descriptions, (3) letters of agreement and support, if relevant, (4) evaluation tools, and (5) protocols. Job descriptions and curricula vitae must not exceed three pages each. Spacing will vary depending on the nature of the appendix, but only one-sided pages are acceptable.
- **Typeface**--Use any easily readable typeface, such as Times New Roman, Courier, or New Century Schoolbook.
- **Type Size**--Size of type must be no smaller than 12-point. No more than six lines of type must be within a vertical inch. Figures, charts, legends, footnotes, etc., may be smaller or more dense than required above but must be readily legible.
- **Margins**--Margins should be 1½ inches at the top and 1 inch at the bottom and both sides. The left margin may change when using the decimal ranking illustrated in this guidance.
- **Page Numbering**
 - **Project Abstract**--Consecutive, lowercase Roman numerals should appear centered at the bottom of the appropriate page. These should be a continuation of the numbering of the Table of Contents.
 - **Project Narrative**--Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. All charts or figures appearing within the body of the text should be paginated consecutively with the text.
 - **Application Tables**--Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. All information presented in tabular form should be paginated.
 - **Appendices**--Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page.

3.2.2 How to Organize the Application

You should assemble the application in the order shown below:

- Table of contents for entire application with page numbers
- SF-424 Application for Federal Assistance
- Checklist included with PHS 5161-1 (Application Kit, page 25)
- SF 424A Budget Information--Non-Construction Programs

- Budget Narrative/Budget justification (Application Kit, page 23)
- Federal assurances (SF 424B)
- Project narrative
- Appendices (in order as presented in Appendix A of this Guidance)

3.2.3 Copies Required

Applicants are required to submit one ink-signed original and two copies of the completed application.

3.3 Application Form PHS-5161-1

The application Form PHS-5161-1 is the official document to use when applying for an MCH demonstration grant. It is composed of seven sections, which are described more fully on page 1 of the “Public Health Service Grant Application Form PHS-5161-1,” in section one entitled “General Information and Instructions.”

An **Application Receipt Record** will be sent from the HRSA Grants Application Center so that you can be notified of receipt of your application.

. **Supplemental Instructions for the Program Narrative** section listed on pages 21-23 of the Form PHS-5161-1. Because of revisions in the form, and because some applicants have overlooked or misinterpreted certain items, selected portions of the instructions are amplified and highlighted below.

3.3.1 Section Two: SF-424

- © For Item 10, enter 93.110 AA
- © For Program Title, enter “EP Screening and Blood Lead Proficiency Testing Program.”
- © For Item 13, enter the date for the **complete** (one-year) project period.
January 01, 2001 - December 31, 2001
- © The MCHB may support reasonable and necessary costs of the grants within the scope of their approved plans. Allowable costs may include salaries, equipment and supplies, travel, contracts, consultants, and others, as well as indirect costs. The MCHB adheres to administrative standards reflected in the Code of Federal Regulations, 45 CFR Part 92 and 45 CFR Part 74.

3.3.2 Section Three: SF-424A

Use the accompanying instructions. This form has its own sections, A (Budget Summary) through F (Other Budget Information). For each part of Section B, Budget Categories, it is required that applicants submit on supplemental sheet(s) a justification for each individual budget category itemized (6a-j). Applicants typically identify the specific needs but often fail to write a justification of those needs. These **detailed** budget justifications require the applicant to show **specific references** to the project plan to clarify how the requested dollar amount was developed.

The Key Personnel form, **Appendix B**, should be used to identify the name/position title, person-hours/full-time equivalent (FTE) required, and salary levels required to implement the project plans. The budget justification for personnel addresses time commitment and skills required by the project plans. Summarize the deployment of personnel to objectives and approaches on the Project Personnel Allocation Table (**Appendix C**).

If project personnel are also compensated by other grant programs, the percentage of time such personnel are covered by other funding sources should be indicated in the application. In addition, personnel resources that are committed to the project implementation, but are not supported by requested grant funds, should also be identified on the Key Personnel Form as "In-Kind" in the same manner as described above for each person. Similar **detailed and itemized** justifications must be provided for requested travel items, equipment, contractual services, supplies and other categories.

Federal grant regulations permit grantees to use funds for contracts but not for subgrants. If the applicant decides to enter into a contract, the applicant's budget justification should include an itemized budget and budget justification and proposed scope of work for each contractual agreement. The total of each contract's budget (direct and indirect) should be reflected in the applicant's itemized budget under the "Contractual" budget item. Grantees must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to a contractor.

Line 22, Indirect Charges: enter the latest negotiated indirect costs rate (i.e., other sponsored programs rate) or a lower rate under which the applicant chooses to apply. (Note: The research rate is not acceptable for demonstration-like projects.) Indirect Charges are included in the Estimated Federal Funding figure on the Face Page (Standard Form 424), item 15(a).

Please submit a copy of your most recent Negotiated Rate Agreement, if available.

3.3.3 Section Four: SF-424B

Applicants must review and sign this form, entitled "Assurances - Non-Construction Programs."

3.3.4 Section Five: Certifications

The official authorized to sign for the applicant organization should provide certifications for: 1) Debarment and suspension; 2) Drug-free workplace requirements; 3) Lobbying; and 4) Program Fraud Civil Remedies Act. See pages 17-18 of the PHS-5161-1.

3.3.5 Section Six: Project Narrative

The following outline should be adhered to as a guide for the development of the Project Narrative. See Chapter 4 of this Guidance for specific instructions regarding content of each component.

1. Purpose and Impact of the Project
2. Goals and Objectives
3. Administrative and Organizational Structure
4. Setting of the Project
5. Existing Resources
6. Required Resources
7. Program Methodology
8. Plan for Monitoring and Evaluation
9. Other Sources of Funding
10. Future Funding

3.3.6 Section Seven: Checklists

Section Seven of the Grant Application Form PHS-5161-1 contains the checklist found on page 23. Another checklist included in this application guidance is Appendix A and is designed to help applicants address all requirements of the project narrative.

3.4 Transmittal Letter

A transmittal letter from the applicant agency should accompany the application to include the title of the project and referencing the EP Screening and Blood Lead Proficiency Testing Program, CFDA# 93.110 AA, as the competing category the proposal is addressing.

3.5 How to Prepare Project Abstracts and Annotation

Provide a Project Abstract that contains substantive information about the proposed project in summary form that can be published in the MCHB's annual publication, *Abstracts of Active Projects*

Funded by MCHB. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects. **Enclosure A** provides guidelines to assist you in preparing acceptable abstracts for publication. Please label the completed Project Abstract as **Appendix C**.

In preparing the abstract, use the 5 headings listed below to summarize information about your project. Include in these sections those aspects of the project which have regional and national significance:

PROBLEM: Briefly state the principal health problems, status, or issues which are addressed by your project.

GOALS AND OBJECTIVES: Identify the major goals and objectives for the project period. Typically, projects define the goal in one paragraph and present the objectives in a numbered list.

METHODOLOGY: Describe the programs and activities to be used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities that have been proposed or are being implemented to achieve the stated goals and objectives. Lists with numbered items are sometimes used in this section.

COORDINATION: Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

EVALUATION: Briefly describe the evaluation methods which will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives.

Annotation - Prepare a three to five sentence description of your project which identifies the project's purpose, the needs and problems that are addressed, goals and objectives, and activities which will be used to attain the goals, and materials developed. See example following **Enclosure A**.

Key Words - Key words are the terms under which your project will be listed in the subject index. Select the most significant terms which describe the project. See list of examples following **Enclosure A**.

CHAPTER 4 Instructions for Preparing the Project Narrative and Application Review Criteria

4.1 Requirements for the Project Narrative

The program narrative is restricted to **30 double-spaced pages**. Applications exceeding the 30 page limitation will be returned to the applicant **without review**. Appendices are not included in the page limit but should be used only to provide supporting documentation, i.e., position descriptions, curriculum vitae or letters of commitment from participating agencies. **Reviewers are not required to review or evaluate appendices; therefore, all substantive information responding to criteria must be contained within the project narrative.**

The applicant must prepare and submit the project narrative in the order specified, including in the narrative the following information:

1. Purpose of the Project - A description of the service to be provided and the problem to be addressed, including clear articulation of the justification (need) for a nationwide Erythrocyte Protoporphyrin (EP) Screening and Blood Lead Proficiency Testing program, the proposed project's role and impact on the testing program and what the project is intended to accomplish.
2. Goals and Objectives - Goals and objectives responsive to the need(s) identified in 1 (above) must be clearly stated. Objectives must be specific, time-oriented, and measurable.
3. Administrative and Organizational Structure - Briefly but fully describe the administrative and organizational structure within which the proposed program will function, including existing relationships with other departments, institutions, or agencies relevant to the program. Charts outlining these relationships must be included. Copies of any formal agreements defining such relationships must be included in the appendices.
4. Setting of the Project - Describe the physical setting(s) in which the program is to take place.
5. Existing Resources - Document the resources (staff, space, equipment, clinical facilities, etc.) available to implement the program. In-kind contributions of staff time and/or other resources should be included. It is important to distinguish between the applicant resources which will be used for the project for which funds are requested and those resources for which funds are not being requested.
6. Required Resources - Describe the resources, in addition to 5 above, needed to accomplish the goals and objectives for which project support is requested, and why. Provide assurance that grant funds will be used only for the purposes specified in the application and that necessary fiscal controls and accounting procedures will be established. All items in the proposed budget must be

justified and formally linked to the scope of work. The reasonableness of the proposed budget, soundness of the plan for fiscal management and the cost effectiveness of the proposed project are evaluated in the objective review process.

7. Program Methodology - Describe the implementation methodology for the proposed program, including services to be provided, by whom, to whom and how; and plans for development and evaluation of products and written materials, including a plan to adjust services in response to new and emerging technology. Identify the targeted user group. Place the Project Activities Time Allocation Table and the Personnel Allocation Chart in the Methodology section.
8. Plan for Monitoring and Evaluation - Describe the plan to evaluate the efficiency and effectiveness of the proposed project. The methodology must be specific and related to the goals and objectives stated in the purpose. State methods for determining the extent to which the program has achieved its stated goals and objectives and the extent to which these can be attributed to the program. Discuss the criteria to be used in the evaluation.
9. Other Sources of Funding - Funding from other Federal agencies or other public or private institutions for activities related to those proposed in this grant application must be documented. Include a concise statement on funding source(s), amount of funds and grant period. In this section, present and discuss the rationale for operating a nationwide proficiency program at no charge as opposed to imposing fees on participating laboratories. The discussion should address the probable impact of this funding position on laboratory quality nationwide, and on the health of at-risk populations.

If personnel identified in the grant application are also supported by other grants, the percentage of time covered by other funding must be indicated in the application.

10. Future Funding - Describe how the project is to be replicated or continued after Federal funding terminates.

4.2 Application Review Criteria

Grant applications will be reviewed and rated by an Objective Review Committee (ORC) composed of Federal and/or non-Federal experts. The ORC will evaluate the applications using the review criteria listed below. Applications will be scored on a basis of 100 points with 100 being a perfect score. Each category-specific review criterion must be fully addressed in the project narrative. Review criteria and assigned weights are as follows:

1. The clarity and effectiveness of the presentation of the need for a nationwide Erythrocyte Protoporphyrin (EP) Screening and Blood Lead Proficiency Testing program. (15)

2. The quality of the project plan and methodology. (20)
3. Cost-effectiveness of the project relative to the number of laboratories to be served and impact on the lead screening and testing services provided by participating laboratories. (10)
4. The extent to which the project will contribute to the advancement of MCH and/or CSHCN services. (10)
5. The efficiency and effectiveness of use of grant funds by the proposed project, with emphasis on the soundness of the project's management plan, including staff qualifications and deployment, and adequacy of the laboratory facilities and resources. (30)
6. The extent to which the project will be integrated with the administration of the Maternal and Child Health Services Block Grants, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s). (10)
9. The strength of the project's plans for evaluation. (5)

4.3 Funding of Approved Applications

Final funding decisions are the responsibility of the Associate Administrator, MCHB. In considering scores for the ranking of approved applications for funding, preference may be exercised for those which are consistent with the statutory purpose of the program, which best promote a comprehensive and coordinated system that assures the delivery of accurate, quality lead testing services for at-risk populations and which address achievement of applicable Healthy People 2010 objectives related to chronic disabling conditions and secondary injury prevention.

APPENDIX A

CHECKLIST FOR PROJECT NARRATIVE EP Screening and Blood Lead Proficiency Testing Program

The items listed below must accompany the grant application. This checklist has been prepared for use by an applicant to ensure that the Project Narrative section of the application is complete.

<u>ITEM FOR SUBMISSION</u>	<u>CHECK IF INCLUDED</u>
1. TRANSMITTAL: This letter must state to which category the application is submitted. Refer to page 13 of this Guidance.	_____
2. PROJECT NARRATIVE: A complete, original ink-signed application and two additional signed copies must be submitted. All pages <u>must</u> be clearly numbered, of standard size (8½ x 11 inches) and printed on only one side. The project narrative is to be no longer than 30 double-spaced typed pages. Margins should be 1 inch at the top, bottom and both sides. Typeset must be no smaller than 12 point and not reduced. The original and each copy of the application set must be UNSTAPLED AND UNBOUND. <u>The project narrative should be submitted in the same order as outlined in the "Application Review Criteria" section on pages 16-17 of this Guidance.</u>	_____
3. APPENDICES: The required appendices should follow this order of reference below. Additional appendices may be added as needed.	
Appendix A. Checklist for project narrative	_____
Appendix B. Key Personnel form	_____
Appendix C. Project Abstract	_____
Appendix D. Project Personnel Allocation Sheet	_____
Appendix E. Biographical Sketches	_____

SUPPLEMENTAL TO SECTION F OF FORM 424A
KEY PERSONNEL

APPENDIX B

NAME AND POSITION TITLE	Annual SALARY	NO. MONTHS BUDGET	% TIME	Total \$ AMOUNT REQUESTED
	(1)	(2)	(3)	(4)
	\$		%	

FRINGE BENEFIT (Rate)

TOTAL \$

PROJECT PERSONNEL ALLOCATION TABLE

APPENDIX D

Project Title: _____

Project Director: _____

Budget Period: _____ to _____ Project Year: _____
(1, 2, or 3)

State: _____

[illegible]

BIOGRAPHICAL SKETCH

Appendix E

Give the following information for all professional personnel contributing to the project,
beginning with the Program Director. Photocopy this page for each person.
(DO NOT EXCEED 3 PAGES ON ANY INDIVIDUAL)

NAME (<i>Last, first, middle initial</i>)	TITLE	BIRTH DATE (<i>Mo, Day, Yr</i>)
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EDUCATION (*Begin with baccalaureate or other initial professional education and include postdoctoral training*)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
--------------------------	--------	----------------	----------------

HONORS

MAJOR RESEARCH - PROFESSIONAL INTEREST

CURRENT RESEARCH AND OTHER GRANT SUPPORT

RESEARCH AND PROFESSIONAL EXPERIENCE: List in reverse chronological order previous employment and experience. List in reverse chronological order all publications, or most recent presentation if the 2 page limit on the sketch presents a problem.

**CONTINUATION PAGE FOR
BIOGRAPHICAL SKETCH**

NAME (*Last, first, middle initial*)

**INSTRUCTIONS TO NEW GRANTEES:
HOW TO PREPARE ABSTRACTS AND ANNOTATIONS
FOR THE FIRST GRANT YEAR**

(different guidelines apply for abstracts prepared in subsequent years of the grant)

Guidelines for preparing your abstract

Provide an abstract that can be published in the Maternal and Child Health Bureau's (MCHB) annual publication, *Abstracts of Active Projects Funded by MCHB*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects.

Guidelines follow to assist you in preparing acceptable abstracts for publication. In general, please note:

- C Abstracts should be two page descriptions of the project
- C Use plain paper (not stationery or paper with borders or lines).
- C Double-space your abstract.
- C Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- C Use a standard (nonproportional) 12-pitch font or typeface such as courier.

1. Project Identifier Information

Project Title:	List the appropriate shortened title for the project.
Project Number:	This is the number assigned to the project when funded.
Project Director:	The name and degree(s) of the project director as listed on the grant application.
Contact Person:	The person who should be contacted by those seeking information about your project.
Grantee:	The organization which receives the grant.
Address:	The complete mailing address.
Phone Number:	Include area code, phone number, and extension if necessary.
Fax Number:	Include the fax number.
E-mail address:	Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
World Wide Web Address:	If applicable, include the address for you project's World Wide Web site on the Internet.
Project Period:	Include the entire funding period for the project, not just the one-year budget period.

2. Text of Abstract

Prepare a two page (single-spaced) description of your project, using the following headings:

PROBLEM: Briefly (in one or two paragraphs) state the principal health problems, status, or issues which are addressed by your project.

GOALS AND OBJECTIVES: Identify the major goals and objectives for the project period. Typically, projects define the goal in one paragraph and present the objects in a number list.

METHODOLOGY: Describe the programs and activities used to attain the goals and objectives, and

comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities that have been proposed or are being implemented to achieve the stated goals and objectives. Lists with numbered items are sometimes used in this section.

COORDINATION: Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

EVALUATION: Briefly describe the evaluation methods which will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives. This section is usually one or two paragraphs in length.

3. Key Words

Key words are the terms under which your project will be listed in the subject index of the abstracts book. Select significant terms which describe the project, including populations served. A list of key words used to classify active projects is enclosed. Choose keywords from this list when describing your project.

Guidelines for Preparing Your Annotation

Prepare a three- to five-sentence description of your project which identifies the project's purpose, the needs and problems which are addressed, the goals and objectives of the project, the activities which will be used to attain the goals, and the materials which will be developed.

Submitting your abstract and annotation

The National Center for Education in Maternal and Child Health (NCEMCH) will prepare the abstract for publication. Thus, if at all possible, it is **very** important that you submit a disk of your abstract (and annotation) along with a hard copy. NCEMCH can convert many different software packages. Simply indicate which package you have used by writing the name of the package on the disk's label.

Send an original, rather than a photocopy, of the abstract and the annotation. If you cannot send a disk, it may be possible to scan the document and thus avoid the need to re-key the text.

Enclosures

Sample abstract
List of key words

Sample NEW Abstract

(This abstract is presented as a sample format, not as a guide to content preparation.)

Project Title: Healthy Families Manitowoc County
Project Number: MCJ 55KL01
Project Director: Amy Wergin, R.N.
Contact Person:
Grantee: Manitowoc County Health Department
Address: 823 Washington Street
Manitowoc, WI 54220
Phone Number: (414) 683-4155
Fax Number: (414) 683-4156
E-mail Address: WERG100W@WONDER.EM.CDC.GOV
World Wide Web address:
Project Period: 10/01/97 - 09/30/01

Abstract:

PROBLEM: The health care system in Manitowoc County is changing dramatically as the State institutes Medicaid managed care in a community in which before April 1996 there were no active HMOs. Not only are the recipients of care experiencing change, but the entire health care system is looking at providing health care in a totally different atmosphere. Preventable hospitalizations of children are 41-percent higher and asthma hospitalizations of children are 24-percent higher than the State average. The incidence of child abuse and neglect in Manitowoc County is consistently higher than the State of Wisconsin and other comparable counties in the State. Research over the last 2 decades has consistently confirmed that providing education and support services around the time of the baby's birth, and continuing for months or years afterward significantly reduces the risk of child abuse and contributes to positive, healthy child-rearing practices, including increased use of preventive health care.

Manitowoc County has completed a preliminary assessment of parenting education and support resources and has determined that although there are services available for parents, they are not coordinated, are initiated too late, and are not accessible to all county residents.

GOALS AND OBJECTIVES: The goal is to develop and implement universally offered, integrated, coordinated, collaborative, prevention-based, in-home visitation program for the first-time families of Manitowoc County based on the Healthy Families America model and to increase local capacity and commitment to provide these supportive services. These objectives will be used to attain the goal:

1. Increase the number of first-time families who access preventive health care for their children;
2. Reduce the incidence of preventable hospitalizations in targeted families; and
3. Reduce the incidence of child abuse and neglect in targeted families.

METHODOLOGY: A program manager will be hired to assist the Healthy Families Subcommittee of the Parenting Task Force of the Manitowoc County Asset-Building Community Initiative to develop and implement a collaborative in-home visitation service for first-time families of Manitowoc County. The program manager will complete the assessment of existing resources; facilitate the formation of agreements between services providers to actively collaborate; design a workplan to implement the Healthy Families Manitowoc County program based on the national model using "best practice" methodology, clear and measurable objectives, and an ongoing evaluation process; secure the funding needed, with the assistance of the consortium, for additional in-home visitation services needed to implement Healthy Families Manitowoc County; and be responsible for the implementation of the Healthy Families Manitowoc County Initiative.

COORDINATION: Healthy Families Manitowoc County will be a collaborative project that is a component of the Asset-Building Community Initiative of Manitowoc County. Stakeholders in the initiative are the Manitowoc County Health Department, Manitowoc County Human Services Department, Manitowoc County Board of Supervisors, sheriff's department, University of Wisconsin—Extension, city of Manitowoc, city of Two Rivers, city of Kiel, all six school districts in Manitowoc County, United Way, the Chamber of Commerce and business leaders, Head Start, Lakeshore Community Action Program and the Family Education and Resource Center, the Mental Health Association, Two Rivers Community Hospital, Holy Family Memorial Medical Center, the Domestic Violence Center, YMCA, local clergy, and citizen members. The final product will be the consensus of all the community stakeholders and service providers involved in services to first-time families in Manitowoc County.

EVALUATION: In designing the evaluation component of Healthy Families Manitowoc County the following guidelines will be followed:

1. The evaluation will include a range of outcome measures.
2. Multiple methods of data collection will be utilized to obtain information on all critical outcome measures.
3. The data collection system will be integrated into the program's ongoing client information system.
4. Client and control assessment will be completed on a predetermined schedule.
5. Process evaluation will be included in the component.

Keywords: Community Integrated Service System; Families; Parent Education Programs; Family Support Services; Health Care Utilization; Home Visiting Services; Provider Participation; Child Abuse Prevention; Child Neglect; Medicaid Managed Care; Preventive Health Care.

Annotation: The goal is to develop an integrated, coordinated, collaborative, prevention-based, universal, in-home visitation program for first-time families of Manitowoc County based on the Healthy Families America model. The purpose is to increase the competency of parents, increase the use of preventive health care in targeted families, and reduce the incidence of child abuse and neglect. A project manager will be hired to implement Healthy Families Manitowoc County in collaboration with existing family support and education programs.

Keywords for projects funded by the Maternal and Child Health Bureau (MCHB)

A list of keywords used to describe MCHB-funded projects follows. Please choose from this list when selecting terms to classify your project.

Please note that this list is constantly under development: new terms are being added and some terms are being deleted. Also, this list is currently being revised so that it will match more closely the approved list of keywords in the MCH Thesaurus. In the meantime, however, this list can be used to help select keywords to describe MCHB-funded projects.

If no term on this list adequately describes a concept which you would like to convey, please select a term which you think is appropriate and include it in your list of keywords.

Access to Health Care	Blindness	Community Health Centers
Adolescent Health Programs	Blood Pressure Determination	Community Integrated Service System
Adolescent Nutrition	Body Composition	Community Participation
Adolescent Parents	Bonding	Compliance
Adolescent Pregnancy	Brain Injuries	Comprehensive Primary Care
Adolescent Pregnancy Prevention	Breast Pumps	Computer Linkage
Adolescent Risk Behavior	Breastfeeding	Communication
Prevention	Bronchopulmonary Dysplasia	Computer Systems
Adolescents	Burns	Computers
Adolescents with Disabilities	Cambodians	Conferences
Advocacy	Caregivers	Congenital Abnormalities
African Americans	Case Management	Consortia
Agricultural Safety	Cerebral Palsy	Continuing Education
AIDS	Chelation Therapy	Continuity of Care
AIDS Prevention	Child Abuse	Cost Effectiveness
Alaska Natives	Child Abuse Prevention	Counseling
Alcohol	Child Care	County Health Agencies
American Academy of Pediatrics	Child Care Centers	Craniofacial Abnormalities
American College of Obstetricians and Gynecologists	Child Care Workers	Cultural Diversity
American Public Health Association	Child Mortality	Cultural Sensitivity
Amniocentesis	Child Neglect	Curricula
Anemia	Child Nutrition	Cystic Fibrosis
Anticipatory Guidance	Child Sexual Abuse	Cytogenetics
Appalachians	Childhood Cancer	Data Analysis
Arthritis	Children with Special Health Needs	Data Collection
Asian Language Materials	Chronic Illnesses and Disabilities	Data Systems
Asians		Databases
Asthma	Cleft Lip	Deafness
Attachment	Cleft Palate	Decision Making Skills
Attachment Behavior	Clinical Genetics	Delayed Development
Attention Deficit Disorder	Clinics	Dental Sealants
Audiology	Cocaine	Dental Treatment of Children with Disabilities
Audiometry	Collaborative Office Rounds	Depression
Audiovisual Materials	Communicable Diseases	Developmental Disabilities
Baby Bottle Tooth Decay	Communication Disorders	Developmental Evaluation
Battered Women	Communication Systems	Developmental Screening
Behavior Disorders	Community Based Health Education	Diagnosis
Behavioral Pediatrics	Community Based Health Services	Diarrhea
Bereavement	Community Based Preventive Health	Dietitians
Bicycle Helmets	Community Development	Dispute Resolution
Bicycle Safety		Dissemination
Bilingual Services		Distance Education
Biochemical Genetics		Divorce

DNA Analysis
Down Syndrome
Drowning
Early Childhood Development
Early Intervention
Electronic Bulletin Boards
Electronic Mail
Eligibility Determination
Emergency Medical Services for Children
Emergency Medical Technicians
Emergency Room Personnel
Emotional Disorders
Emotional Health
Employers
Enabling Services
Enteral Nutrition
EPSDT
Erythrocyte Protoporphyrin
Ethics
Evoked Otoacoustic Emissions
Failure to Thrive
Families
Family Centered Health Care
Family Centered Health Education
Family Characteristics
Family Environment
Family Medicine
Family Planning
Family Professional
Collaboration
Family Relations
Family Support Programs
Family Support Services
Family Violence Prevention
Farm Workers
Fathers
Feeding Disorders
Fetal Alcohol Effects
Fetal Alcohol Syndrome
Financing
Food Preparation in Child Care
Formula
Foster Care
Foster Children
Foster Homes
Foster Parents
Fragile X Syndrome
Genetic Counseling
Genetic Disorders
Genetic Screening
Genetic Services
Genetics Education
Gestational Weight Gain
Glucose Intolerance
Governors
Grief
Gynecologists
Hawaiians
Head Start
Health Care Financing
Health Care Reform
Health Care utilization
Health Education

Health Insurance
Health Maintenance
Organizations
Health Professionals
Health Promotion
Health Supervision
Healthy Mothers Healthy Babies
Coalition
Healthy Start Initiative
Healthy Tomorrows Partnership
for Children
Hearing Disorders
Hearing Loss
Hearing Screening
Hearing Tests
Hemoglobinopathies
Hemophilia
Hepatitis B
Hispanics
HIV
Hmong
Home Health Services
Home Visiting for At Risk Families
Home Visiting Programs
Home Visiting Services
Homeless Persons
Hospitals
Hygiene
Hyperactivity
Hypertension
Illnesses in Child Care
Immigrants
Immunization
Incarcerated Women
Incarcerated Youth
Indian Health Service
Indigence
Individualized Family Service
Plans
Infant Health Care
Infant Morbidity
Infant Mortality
Infant Mortality Review
Programs
Infant Nutrition
Infant Screening
Infant Temperament
Infants
Information Networks
Information Services
Information Sources
Information Systems
Injuries
Injury Prevention
Intensive Care
Interagency Cooperation
Interdisciplinary Teams
Internship and Residency
Intubation
Iron Deficiency Anemia
Iron Supplements
Jews
Juvenile Rheumatoid Arthritis
Laboratories

Lactose Intolerance
Language Barriers
Language Disorders
Laotians
Lead Poisoning
Lead Poisoning Prevention
Lead Poisoning Screening
Leadership Training
Learning Disabilities
Legal Issues
Life Support Care
Literacy
Local Health Agencies
Local MCH Programs
Low Birthweight
Low Income Population
Lower Birthweight
Males
Managed Care
Managed Competition
Marijuana
Marital Conflict
Maternal and Child Health
Bureau
Maternal Nutrition
MCH Research
Media Campaigns
Medicaid
Medicaid Managed Care
Medical Genetics
Medical History
Medical Home
Mental Health
Mental Health Services
Mental Retardation
Metabolic Disorders
Mexicans
Micronesians
Migrant Health Centers
Migrants
Minority Groups
Minority Health Professionals
Mobile Health Units
Molecular Genetics
Morbidity
Mortality
Motor Vehicle Crashes
Multiple Births
Myelodysplasia
National Information Resource
Centers
National Programs
Native Americans
Needs Assessment
Neonatal Intensive Care
Neonatal Intensive Care Units
Neonatal Mortality
Neonates
Networking
Neurological Disorders
Newborn Screening
Nurse Midwives
Nurses
Nutrition

Obstetricians
Occupational Therapy
One Stop Shopping
Online Databases
Online Systems
Oral Health
Organic Acidemia
Otitis Media
Outreach
P. L. 99-457
Pacific Islanders
Pain
Paraprofessional Education
Parent Education
Parent Education Programs
Parent Networks
Parent Professional
Communication
Parent Support Groups
Parent Support Services
Parental Visits
Parenteral Nutrition
Parenting Skills
Parents
Patient Education
Patient Education Materials
Pediatric Advanced Life Support
Programs
Pediatric Dentistry
Pediatric Intensive Care Units
Pediatric Nurse Practitioners
Pediatricians
Peer Counseling
Peer Support Programs
Perinatal Health
Phenylketonuria
Physical Disabilities
Physical Therapy
Pneumococcal Infections
Poisons
Preconception Care
Pregnant Adolescents
Pregnant Women
Prematurity
Prenatal Care
Prenatal Diagnosis
Prenatal Screening
Preschool Children
Preterm Birth
Preventive Health Care
Preventive Health Care
Education
Primary Care
Professional Education in
Adolescent Health
Professional Education in
Behavioral Pediatrics
Professional Education in
Breastfeeding
Professional Education in
Chronic Illnesses and
Disabilities
Professional Education in
Communication Disorders

Professional Education in CSHN
Professional Education in
Cultural Sensitivity
Professional Education in
Dentistry
Professional Education in
Developmental Disabilities
Professional Education in EMSC
Professional Education in Family
Medicine
Professional Education in
Genetics
Professional Education in Lead
Poisoning
Professional Education in MCH
Professional Education in
Metabolic Disorders
Professional Education in Nurse
Midwifery
Professional Education in
Nursing
Professional Education in
Nutrition
Professional Education in
Occupational Therapy
Professional Education in
Physical Therapy
Professional Education in
Primary Care
Professional Education in
Psychological Evaluation
Professional Education in
Pulmonary Disease
Professional Education in Social
Work
Professional Education in
Violence Prevention
Provider Participation
Psychological Evaluation
Psychological Problems
Psychosocial/human services
Public Health Academic
Programs
Public Health Education
Public Health Nurses
Public Policy
Public Private Partnership
Puerto Ricans
Pulmonary Disease
Quality Assurance
Recombinant DNA Technology
Referrals
Regional Programs
Regionalized Care
Regulatory Disorders
Rehabilitation
Reimbursement
Repeat pregnancy prevention
Research
Residential Care
Respiratory Illnesses
Retinitis Pigmentosa
Rheumatic Diseases
RNA Analysis

Robert Wood Johnson
Foundation
Runaways
Rural Population
Russian Jews
Safety in Child Care
Safety Seats
Sanitation in Child Care
School Age Children
School Dropouts
School Health Programs
School Health Services
School Nurses
Schools
Screening
Seat Belts
Self Esteem
Sensory Impairments
Service Coordination
Sex Roles
Sexual Behavior
Sexuality Education
Sexually Transmitted Diseases
Shaken Infant Syndrome
Siblings
Sickle Cell Disease
Sleep Disorders
Smoking During Pregnancy
Social Work
Southeast Asians
Spanish Language Materials
Special Education Programs
Specialized Care
Specialized Child Care Services
Speech Disorders
Speech Pathology
Spina Bifida
Spouse Abuse
Standards of Care
State Health Agencies
State Health Officials
State Legislation
State Programs
State Staff Development
State Systems Development
Initiative
Stress
Substance Abuse
Substance Abuse Prevention
Substance Abuse Treatment
Substance Abusing Mothers
Substance Abusing Pregnant
Women
Substance Exposed Children
Substance Exposed Infants
Sudden Infant Death Syndrome
Suicide
Supplemental Security Income
Program
Support Groups
Surveys
Tay Sachs Disease
Technology Dependence
Teleconferences

Television
Teratogens
Terminally Ill Children
Tertiary Care Centers
Thalassemias
Third Party Payers
Title V Programs
Toddlers
Training
Transportation
Trauma
Tuberculosis
Twins
Uninsured
Unintentional Injuries
University Affiliated Programs
Urban Population
Urinary Tract Infections
Usher Syndrome
Vietnamese
Violence
Violence Prevention
Vision Screening
Vocational Training
Waiver 1115
Well Baby Care
Well Child Care
WIC
Youth in Transition